

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-476)**

SERIAL NO. **9/777920**

FILED DATE

APPENDANT

*6/2/83*

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
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41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	6		6			
TOTAL DEP.	34		34			
TOTAL CLAIMS	40		40			

**CLAIMS**

	0		1		2	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						